

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-002770

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration-District No.

267

Primary Registration-District No.

5900

Registrar's No.

244

FILED JAN 17 1963

1. PLACE OF DEATH

a. COUNTY

Pemiscot

b. CITY (If outside corporate limits, give TOWNSHIP only)

Braggadocio Township

Length of stay in 1b

1 Yr.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

1 Mi. South

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Pemiscot

c. CITY
OR
TOWN

Braggadocio

Inside Limits

Yes ☐ No ☒d. STREET
ADDRESS

(If outside, give location)

1 Mi. South

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

James

Middle

Columbus

Last

Vance

4. DATE
OF
DEATH

Month

Jan.

Day

9

Year

1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

3-30-1877

9. AGE (last birthday)

85

10. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Farming

Farm

Marion County, Ala.

U. S. A.

13a. FATHER'S NAME

Archie Vance

13b. MOTHER'S MAIDEN NAME

Mary Peterson

14. NAME OF HUSBAND OR WIFE

Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give year or dates of)

No

XX

16. SOCIAL SECURITY NO.

17. INFORMANT

Travis Vance, Caruthersville, Mo.

18. CAUSE OF DEATH (Enter only one cause per
PART I. DEATH WAS CAUSED BY)

IMMEDIATE CAUSE

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

Cerebral Hemorrhage 27 days
Hypertension 20 yearsPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Death occurred at

4:00

P

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Type or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

Burial

1-11-63

Memorial Gardens

Rt. 1, Caruthersville, Mo.

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Osburn Funeral Home, Hayti, Mo.

1-12-63

Charlotte E. Sloan

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

1 0780

2 0780

3 1

4 0

5 2

6

7 1

8 2

9 331X

10

11

12 90-0

13 1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

James G. Dobson

Licensed Embalmer No. 4185

P. O. Address Ward, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.